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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	. –		
Filing Date	Herewith		
First Named Inventor	James A. Amos		
Group Art Unit	Unknown		
Examiner Name	Unknown		
Attorney Docket Number	72255/02666		

i nereby appo	I hereby appoint:						
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∠ Applican	t/Inventor.						
☐ Assiane	e of record of the entire interes	st. See 37 CFR 3.71					
Stateme	Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record							
Name	James A Amos						
Signature							
Date	Journal Com-VI						
NOTE: Signatures of all	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
☐ *Total of _1forms are submitted.							

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PTO/SB/01 (10-00)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number		72255/02666
		First Named Inventor		James A. Amos
		COMPLETE IF KNOWN		
		Application Number		
✓ Declaration Submitted With Initial Filing ✓ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date	Herewith		
	Group Art Unit	Unk	known	
	(37 ČFR 1.16 (e))	Examiner Name	Unk	Unknown

As a below named inventor, I hereby declare that:						
My residence, mailing address, ar	My residence, mailing address, and citizenship are as stated below next to my name.					
names are listed below) of the sub	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
A CLOCK MANAGEMENT REDUCTION	A CLOCK MANAGEMENT SCHEME FOR PCI AND CARDBUS CARDS FOR POWER REDUCTION					
the appointment of which	(1	Title of the Invention)				
the specification of which is attached hereto						
OR		as United S	tates Application	Number or PCT International		
☐ was filed on (MM/DD/YYYY)				(if applicable).		
Application Number	and was a	mended on (MM/DD/YY	YY)	(ii applicable).		
I hereby state that I have reviewe amended by any amendment spe	d and understand the concilination	ontents of the above ider	ntified specificatio	n, including the claims, as		
in-part applications, material infor	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
certificate, or 365(a) of any PCT America, listed below and have	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Dat	Filing Date (MM/DD/YYYY)		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.		

PTO/SB/01 (10-00)

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DECLARATION — Utility or Design Patent Application

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NAME OF SOLE OR FIRST INV	ENTOR :			A petit	tion has been fil	led for this unsigned inventor
Given Name (first and middle [if any]) James A	Given Name James A. Family Name Amos					
Inventor's Signature James Offin	Inventor's					
Residence: City North Canton			State OF	н	_{Country} USA	Citizenship USA
Mailing Address 2644 Aylesbu	ry St., N\	N				
Mailing Address						
_{city} North Canton	State	ОН		ZIP	44720-4592	Country USA
NAME OF SECOND INVENTOR	`			A petil	tion has been fil	led for this unsigned inventor
Given Name (first and middle [if any]) Family Name or Surname						
Inventor's Signature Date						
Residence: City			Ctata			Date
Mailing Address State Country Citizenship						
Mailing Address						T
City ☐ Additional inventors are being named	State	1,		ZIP		Country